

Beginning Teacher Mentoring and Induction Program
Request for Plan Revision
Comprehensive School Improvement Plan Amendment

Revised Plan Date submitted_____

Applicant Name (LEA or AEA):_____

Superintendent or Agency Administrator Name: _____

Phone:_____E-mail:_____

District or AEA contact for the Mentoring and Induction Program:

Name:_____

Phone:_____

E-mail:_____

Revisions can be submitted for approval at any time during the year. Allow two weeks for approval. Submit electronically to:

Mary Beth Schroeder Fracek at
marybeth.schroederfracek@iowa.gov
Iowa Department of Education

Write a brief narrative explaining how your agency or district will address each of the following. Use the Technical Assistance Document available on the Iowa Department of Education web site at <http://www.iowa.gov/educate/content/view/481/573/> to create your application for revision.

- A. Cover Page
- B. Goals of the program
- C. Mentor training and the role of the mentor
- D. Mentor selection process
- E. Support for beginning teachers
- F. Supportive organization structure
- G. Program evaluation

Be sure to fill in the cover page information at the beginning of this document.